PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/540,862 | | | ling Date 27/2005 | To be Mailed |
|---|--|---|--|---|------------------|--------|--|---|----------|-----------------------|------------------------|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY [| | | | HER THAN |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OR | RATE (\$) | FEE (\$) |
| | BASIC FEE | _ | N/A | LD NO. | N/A | | N/A | TLL (w) | 1 | N/A | TEE (0) |
| ┢ | (37 CFR 1.16(a), (b), s SEARCH FEF | or (c)) | | | N/A | | N/A | | 1 | N/A | — |
| 뉴 | (37 CFR 1.16(k), (i), (ii) | | N/A N/A | $-\!\!+\!\!-$ | N/A | | N/A | | ł | N/A | - |
| TO | (37 CFR 1.16(o), (p), (| or (q)) | | | N/A | | N/A | | OR | N/A | |
| (37 | CFR 1.16(i)) EPENDENT CLAIM | ıs | minus 20 = * | | | H | x \$ = | | OR | X \$ = | |
| | CFR 1.16(h)) | | | ueeed 100 | Į Į | x \$ = | | Į. | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE sheer is \$25 additi | ts of pape 50 (\$125 tional 50 s | gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s). | | | | | | | |
| | MULTIPLE DEPEN | IDENT CLAIM PR | ESENT (3 | 7 CFR 1.16(j)) | |] | | | J | | |
| * If | the difference in colu | umn 1 is less than | r "0" in column 2. | - | TOTAL | | J | TOTAL | | | |
| | APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | |
| Н | | CLAIMS | HIGHE | | | 1 1 | | | <u> </u> | | |
| AMENDMENT | 01/17/2008 | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.16(i)) | · 13 | Minus | 20 | = 0 |] | x \$ = | | OR | X \$50= | 0 |
| | Independent (37 CFR 1.16(h)) | • 1 | Minus | 3 | = 0 | 1 | x \$ = | | OR | X \$210= | 0 |
| ME | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| Г | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| ᇳ | Total (37 CFR 1,16(i)) | • | Minus | ** | = | 1 | x \$ = 1 | | OR | x \$ = | |
| AMENDMENT | Independent (37 CFR 1,16(h)) | * | Minus | *** | | 1 | x \$ = | | OR | x s = | |
| ä | Application Size Fee (37 CFR 1.16(s)) | | | | | 1 | | |] | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | |] | | · | OR | | |
| Γ | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| " if the entry in column 1 is less than the entry in column 2, write "0" in column 3. " if the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |

This collection of information is equated by 37 CER 1.15. The information is required to obtain or retain a bearful by the public such his lab is life (and by the USTO to moceasis) an injection. Confidentially is governed by 80 Sec. 22 and 37 CEP 1.15. This collection is estimated to still be 22 annuals to complete a speciation form to the USPTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burden, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Absardinis, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, VA 22313-1450.